

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
CLAIMS															
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*			
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
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9							59								
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38	/						88								
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40	/						90								
41	/						91								
42	/						92								
43	/						93								
44	/						94								
45	/						95								
46	/						96								
47	/						97								
48	/						98								
49	/						99								
50	/						100								
TOTAL IND.								TOTAL IND.							
TOTAL DEP.								TOTAL DEP.							
TOTAL CLAIMS								TOTAL CLAIMS							